COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE COMPTROLLER Electronic Funds Transfer Sign Up Form

This form should be sent to a department with whom you do business.

Request type must be checked: ☐ Initia	al Request	☐ Changing Exist	ing Account	☐ Closing Account
I	s as indicate ules check or rized hereu rized hereu and effect of of organiza	ed on this form. For one: under are not to an accountil the Office of Cation of the account's	ACH debits on that is not that is on that is subj	consistent with the subject to being transferred to ject to being transferred to a as received written notification
		BANK INFORMA	TION	
Vendor Bank Name: Vendor Bank Transit Number (ABA): Vendor Bank Account Number: Account Type: Filling out this field is a requirement	-	ing account number	_	
Vendor Bank Old Account Number: Account Type:	- Changi	ing account number	_	
	VEND	OR INFORMATIO	N	
Vendor Tax Identification Number (TII Vendor/Business Name: Vendor Contact Name: E-mail: Telephone: Address: City:		State:		
This authorization will remain in effect is sent to the Department you currently			or an update	d form changing information
AUTHORIZED SIGNATURE: Print Name:	Title:		Date:	
Form forwarded to Commonwealth De Attached voided check here:			1027 20-256/12H	
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